

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$26,693,195	\$93,240,165	\$66,546,970	249%
2	Short Term Investments	\$1,156,970	\$0	(\$1,156,970)	-100%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$42,792,326	\$25,007,422	(\$17,784,904)	-42%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,203,954	\$0	(\$1,203,954)	-100%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$6,664,563	\$0	(\$6,664,563)	-100%
7	Inventories of Supplies	\$7,423,719	\$0	(\$7,423,719)	-100%
8	Prepaid Expenses	\$230,018	\$44,889	(\$185,129)	-80%
9	Other Current Assets	\$2,257,116	\$16,293,734	\$14,036,618	622%
	Total Current Assets	\$88,421,861	\$134,586,210	\$46,164,349	52%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$7,503,642	\$6,156,122	(\$1,347,520)	-18%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$7,477,058	\$0	(\$7,477,058)	-100%
4	Other Noncurrent Assets Whose Use is Limited	\$41,209,569	\$18,590,548	(\$22,619,021)	-55%
	Total Noncurrent Assets Whose Use is Limited:	\$56,190,269	\$24,746,670	(\$31,443,599)	-56%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$2,204,090	\$0	(\$2,204,090)	-100%
7	Other Noncurrent Assets	\$7,460,913	\$1,092,545	(\$6,368,368)	-85%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$441,468,335	\$0	(\$441,468,335)	-100%
2	Less: Accumulated Depreciation	\$352,115,592	\$0	(\$352,115,592)	-100%
	Property, Plant and Equipment, Net	\$89,352,743	\$0	(\$89,352,743)	-100%
3	Construction in Progress	\$2,002,337	\$0	(\$2,002,337)	-100%
	Total Net Fixed Assets	\$91,355,080	\$0	(\$91,355,080)	-100%
	Total Assets	\$245,632,213	\$160,425,425	(\$85,206,788)	-35%

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		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$47,848,864	\$48,294,928	\$446,064	1%
2	Salaries, Wages and Payroll Taxes	\$8,773,515	\$26,092	(\$8,747,423)	-100%
3	Due To Third Party Payers	\$4,863,613	\$0	(\$4,863,613)	-100%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$67,058,020	\$0	(\$67,058,020)	-100%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$1,998,983	\$0	(\$1,998,983)	-100%
	Total Current Liabilities	\$130,542,995	\$48,321,020	(\$82,221,975)	-63%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$660,619	\$0	(\$660,619)	-100%
	Total Long Term Debt	\$660,619	\$0	(\$660,619)	-100%
3	Accrued Pension Liability	\$140,965,489	\$100,736,522	(\$40,228,967)	-29%
4	Other Long Term Liabilities	\$21,867,399	\$1,799	(\$21,865,600)	-100%
	Total Long Term Liabilities	\$163,493,507	\$100,738,321	(\$62,755,186)	-38%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$79,185,572)	(\$6,652,384)	\$72,533,188	-92%
2	Temporarily Restricted Net Assets	\$19,690,864	\$10,301,495	(\$9,389,369)	-48%
3	Permanently Restricted Net Assets	\$11,090,419	\$7,716,973	(\$3,373,446)	-30%
	Total Net Assets	(\$48,404,289)	\$11,366,084	\$59,770,373	-123%
	Total Liabilities and Net Assets	\$245,632,213	\$160,425,425	(\$85,206,788)	-35%

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,368,811,125	\$1,258,138,462	(\$110,672,663)	-8%
2	Less: Allowances	\$885,069,737	\$811,945,241	(\$73,124,496)	-8%
3	Less: Charity Care	\$5,784,587	\$2,239,963	(\$3,544,624)	-61%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$477,956,801	\$443,953,258	(\$34,003,543)	-7%
5	Other Operating Revenue	\$17,978,078	\$17,912,750	(\$65,328)	0%
6	Net Assets Released from Restrictions	\$5,555,754	\$5,487,195	(\$68,559)	-1%
	Total Operating Revenue	\$501,490,633	\$467,353,203	(\$34,137,430)	-7%
B. Operating Expenses:					
1	Salaries and Wages	\$232,661,687	\$216,395,400	(\$16,266,287)	-7%
2	Fringe Benefits	\$56,569,520	\$59,227,376	\$2,657,856	5%
3	Physicians Fees	\$6,150,524	\$6,548,513	\$397,989	6%
4	Supplies and Drugs	\$64,255,511	\$56,437,974	(\$7,817,537)	-12%
5	Depreciation and Amortization	\$13,478,326	\$13,175,681	(\$302,645)	-2%
6	Bad Debts	\$22,840,000	\$13,531,774	(\$9,308,226)	-41%
7	Interest	\$2,512,441	\$2,279,689	(\$232,752)	-9%
8	Malpractice	\$3,114,995	\$5,379,065	\$2,264,070	73%
9	Other Operating Expenses	\$96,738,471	\$92,574,254	(\$4,164,217)	-4%
	Total Operating Expenses	\$498,321,475	\$465,549,726	(\$32,771,749)	-7%
	Income/(Loss) From Operations	\$3,169,158	\$1,803,477	(\$1,365,681)	-43%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$304,901	\$293,297	(\$11,604)	-4%
	Total Non-Operating Revenue	\$304,901	\$293,297	(\$11,604)	-4%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,474,059	\$2,096,774	(\$1,377,285)	-40%
Other Adjustments:					
	Unrealized Gains/(Losses)	(\$234,346)	\$55,822	\$290,168	-124%
	All Other Adjustments	\$0	\$21,848,070	\$21,848,070	0%
	Total Other Adjustments	(\$234,346)	\$21,903,892	\$22,138,238	-9447%
	Excess/(Deficiency) of Revenue Over Expenses	\$3,239,713	\$24,000,666	\$20,760,953	641%
	Principal Payments	\$5,031,000	\$74,698,000	\$69,667,000	1385%

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$450,260,841	\$401,763,641	(\$48,497,200)	-11%
2	MEDICARE MANAGED CARE	\$127,314,624	\$113,598,456	(\$13,716,168)	-11%
3	MEDICAID	\$85,246,769	\$95,294,814	\$10,048,045	12%
4	MEDICAID MANAGED CARE	\$35,099,943	\$7,949,081	(\$27,150,862)	-77%
5	CHAMPUS/TRICARE	\$1,253,955	\$857,918	(\$396,037)	-32%
6	COMMERCIAL INSURANCE	\$9,169,476	\$9,020,172	(\$149,304)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$212,073,011	\$185,827,258	(\$26,245,753)	-12%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$3,818,662	\$3,958,361	\$139,699	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$924,237,281	\$818,269,701	(\$105,967,580)	-11%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$126,806,811	\$117,669,590	(\$9,137,221)	-7%
2	MEDICARE MANAGED CARE	\$34,510,963	\$41,012,305	\$6,501,342	19%
3	MEDICAID	\$60,836,844	\$95,949,979	\$35,113,135	58%
4	MEDICAID MANAGED CARE	\$44,373,304	\$11,212,270	(\$33,161,034)	-75%
5	CHAMPUS/TRICARE	\$772,227	\$697,731	(\$74,496)	-10%
6	COMMERCIAL INSURANCE	\$9,163,222	\$9,522,822	\$359,600	4%
7	NON-GOVERNMENT MANAGED CARE	\$151,700,295	\$147,054,558	(\$4,645,737)	-3%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$16,410,177	\$16,749,506	\$339,329	2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$444,573,843	\$439,868,761	(\$4,705,082)	-1%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$577,067,652	\$519,433,231	(\$57,634,421)	-10%
2	MEDICARE MANAGED CARE	\$161,825,587	\$154,610,761	(\$7,214,826)	-4%
3	MEDICAID	\$146,083,613	\$191,244,793	\$45,161,180	31%
4	MEDICAID MANAGED CARE	\$79,473,247	\$19,161,351	(\$60,311,896)	-76%
5	CHAMPUS/TRICARE	\$2,026,182	\$1,555,649	(\$470,533)	-23%
6	COMMERCIAL INSURANCE	\$18,332,698	\$18,542,994	\$210,296	1%
7	NON-GOVERNMENT MANAGED CARE	\$363,773,306	\$332,881,816	(\$30,891,490)	-8%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$20,228,839	\$20,707,867	\$479,028	2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,368,811,124	\$1,258,138,462	(\$110,672,662)	-8%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$138,409,210	\$125,105,651	(\$13,303,559)	-10%
2	MEDICARE MANAGED CARE	\$38,412,448	\$34,833,160	(\$3,579,288)	-9%
3	MEDICAID	\$19,112,938	\$23,194,236	\$4,081,298	21%
4	MEDICAID MANAGED CARE	\$10,190,643	\$2,246,039	(\$7,944,604)	-78%
5	CHAMPUS/TRICARE	\$400,680	\$256,080	(\$144,600)	-36%
6	COMMERCIAL INSURANCE	\$3,843,648	\$4,363,572	\$519,924	14%
7	NON-GOVERNMENT MANAGED CARE	\$93,278,807	\$86,298,285	(\$6,980,522)	-7%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$662,259	\$2,007,437	\$1,345,178	203%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$304,310,633	\$278,304,460	(\$26,006,173)	-9%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$38,433,011	\$33,426,753	(\$5,006,258)	-13%
2	MEDICARE MANAGED CARE	\$9,552,289	\$11,479,532	\$1,927,243	20%
3	MEDICAID	\$13,728,538	\$22,101,437	\$8,372,899	61%
4	MEDICAID MANAGED CARE	\$13,371,251	\$3,360,659	(\$10,010,592)	-75%
5	CHAMPUS/TRICARE	\$151,798	\$222,942	\$71,144	47%
6	COMMERCIAL INSURANCE	\$4,733,808	\$4,785,889	\$52,081	1%
7	NON-GOVERNMENT MANAGED CARE	\$68,927,542	\$77,518,771	\$8,591,229	12%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$4,557,887	\$4,203,126	(\$354,761)	-8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$153,456,124	\$157,099,109	\$3,642,985	2%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$176,842,221	\$158,532,404	(\$18,309,817)	-10%
2	MEDICARE MANAGED CARE	\$47,964,737	\$46,312,692	(\$1,652,045)	-3%
3	MEDICAID	\$32,841,476	\$45,295,673	\$12,454,197	38%
4	MEDICAID MANAGED CARE	\$23,561,894	\$5,606,698	(\$17,955,196)	-76%
5	CHAMPUS/TRICARE	\$552,478	\$479,022	(\$73,456)	-13%
6	COMMERCIAL INSURANCE	\$8,577,456	\$9,149,461	\$572,005	7%
7	NON-GOVERNMENT MANAGED CARE	\$162,206,349	\$163,817,056	\$1,610,707	1%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$5,220,146	\$6,210,563	\$990,417	19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$457,766,757	\$435,403,569	(\$22,363,188)	-5%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	9,994	8,396	(1,598)	-16%
2	MEDICARE MANAGED CARE	2,692	2,354	(338)	-13%
3	MEDICAID	2,270	3,213	943	42%
4	MEDICAID MANAGED CARE	1,646	341	(1,305)	-79%
5	CHAMPUS/TRICARE	38	41	3	8%
6	COMMERCIAL INSURANCE	299	285	(14)	-5%
7	NON-GOVERNMENT MANAGED CARE	5,749	4,937	(812)	-14%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	113	109	(4)	-4%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	22,801	19,676	(3,125)	-14%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	59,889	50,535	(9,354)	-16%
2	MEDICARE MANAGED CARE	15,361	12,715	(2,646)	-17%
3	MEDICAID	12,559	15,485	2,926	23%
4	MEDICAID MANAGED CARE	8,024	1,722	(6,302)	-79%
5	CHAMPUS/TRICARE	228	108	(120)	-53%
6	COMMERCIAL INSURANCE	1,390	991	(399)	-29%
7	NON-GOVERNMENT MANAGED CARE	23,752	20,314	(3,438)	-14%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	412	531	119	29%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	121,615	102,401	(19,214)	-16%
C.	OUTPATIENT VISITS				

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LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	23,684	19,922	(3,762)	-16%
2	MEDICARE MANAGED CARE	5,798	5,767	(31)	-1%
3	MEDICAID	28,673	49,388	20,715	72%
4	MEDICAID MANAGED CARE	30,949	8,786	(22,163)	-72%
5	CHAMPUS/TRICARE	240	285	45	19%
6	COMMERCIAL INSURANCE	1,931	1,736	(195)	-10%
7	NON-GOVERNMENT MANAGED CARE	26,113	23,323	(2,790)	-11%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	8,009	7,774	(235)	-3%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	125,397	116,981	(8,416)	-7%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$27,446,844	\$29,361,329	\$1,914,485	7%
2	MEDICARE MANAGED CARE	\$7,893,602	\$9,508,163	\$1,614,561	20%
3	MEDICAID	\$33,549,901	\$52,229,666	\$18,679,765	56%
4	MEDICAID MANAGED CARE	\$20,375,469	\$5,235,582	(\$15,139,887)	-74%
5	CHAMPUS/TRICARE	\$227,645	\$142,683	(\$84,962)	-37%
6	COMMERCIAL INSURANCE	\$2,381,105	\$2,341,651	(\$39,454)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$31,238,735	\$31,555,979	\$317,244	1%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$8,590,680	\$9,298,508	\$707,828	8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$131,703,981	\$139,673,561	\$7,969,580	6%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$4,838,568	\$4,775,440	(\$63,128)	-1%
2	MEDICARE MANAGED CARE	\$1,439,506	\$1,696,284	\$256,778	18%
3	MEDICAID	\$5,233,785	\$7,729,991	\$2,496,206	48%
4	MEDICAID MANAGED CARE	\$5,819,234	\$1,437,167	(\$4,382,067)	-75%
5	CHAMPUS/TRICARE	\$28,000	\$17,364	(\$10,636)	-38%
6	COMMERCIAL INSURANCE	\$756,953	\$59,244	(\$697,709)	-92%
7	NON-GOVERNMENT MANAGED CARE	\$11,906,429	\$11,984,375	\$77,946	1%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$67,866	\$72,098	\$4,232	6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$30,090,341	\$27,771,963	(\$2,318,378)	-8%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	7,077	7,020	(57)	-1%
2	MEDICARE MANAGED CARE	1,762	1,998	236	13%
3	MEDICAID	11,980	18,552	6,572	55%
4	MEDICAID MANAGED CARE	8,825	2,227	(6,598)	-75%
5	CHAMPUS/TRICARE	91	56	(35)	-38%
6	COMMERCIAL INSURANCE	747	673	(74)	-10%
7	NON-GOVERNMENT MANAGED CARE	10,325	9,509	(816)	-8%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	3,516	3,529	13	0%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	44,323	43,564	(759)	-2%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$80,449,741	\$72,659,765	(\$7,789,976)	-10%
2	Physician Salaries	\$43,539,278	\$39,863,297	(\$3,675,981)	-8%
3	Non-Nursing, Non-Physician Salaries	\$108,672,668	\$103,872,338	(\$4,800,330)	-4%
	Total Salaries & Wages	\$232,661,687	\$216,395,400	(\$16,266,287)	-7%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$19,560,604	\$19,888,553	\$327,949	2%
2	Physician Fringe Benefits	\$10,586,169	\$10,909,683	\$323,514	3%
3	Non-Nursing, Non-Physician Fringe Benefits	\$26,422,747	\$28,429,140	\$2,006,393	8%
	Total Fringe Benefits	\$56,569,520	\$59,227,376	\$2,657,856	5%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$576,876	\$2,015,490	\$1,438,614	249%
2	Physician Fees	\$6,150,524	\$6,548,513	\$397,989	6%
3	Non-Nursing, Non-Physician Fees	\$10,415,169	\$10,700,289	\$285,120	3%
	Total Contractual Labor Fees	\$17,142,569	\$19,264,292	\$2,121,723	12%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$47,535,395	\$41,076,260	(\$6,459,135)	-14%
2	Pharmaceutical Costs	\$16,720,116	\$15,361,714	(\$1,358,402)	-8%
	Total Medical Supplies and Pharmaceutical Cost	\$64,255,511	\$56,437,974	(\$7,817,537)	-12%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$6,553,350	\$6,359,370	(\$193,980)	-3%
2	Depreciation-Equipment	\$6,924,976	\$6,816,311	(\$108,665)	-2%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$13,478,326	\$13,175,681	(\$302,645)	-2%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$22,840,000	\$13,531,774	(\$9,308,226)	-41%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$2,512,441	\$2,279,689	(\$232,752)	-9%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$3,114,995	\$5,379,065	\$2,264,070	73%
I.	<u>Utilities:</u>				
1	Water	\$226,952	\$245,939	\$18,987	8%
2	Natural Gas	\$1,051,320	\$1,099,400	\$48,080	5%
3	Oil	\$92,078	(\$6,767)	(\$98,845)	-107%
4	Electricity	\$4,472,935	\$3,437,639	(\$1,035,296)	-23%
5	Telephone	\$602,784	\$516,830	(\$85,954)	-14%
6	Other Utilities	\$192,768	\$217,943	\$25,175	13%
	Total Utilities	\$6,638,837	\$5,510,984	(\$1,127,853)	-17%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$386,086	\$386,134	\$48	0%
2	Legal Fees	\$765,416	\$597,478	(\$167,938)	-22%
3	Consulting Fees	\$6,386,831	\$8,440,358	\$2,053,527	32%
4	Dues and Membership	\$844,980	\$749,338	(\$95,642)	-11%
5	Equipment Leases	\$3,294,990	\$3,358,904	\$63,914	2%
6	Building Leases	\$1,960,563	\$1,765,873	(\$194,690)	-10%
7	Repairs and Maintenance	\$8,288,853	\$6,937,850	(\$1,351,003)	-16%
8	Insurance	\$682,054	\$751,031	\$68,977	10%

HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$10,429	\$20,095	\$9,666	93%
10	Conferences	\$388,423	\$374,069	(\$14,354)	-4%
11	Property Tax	\$380,424	\$296,728	(\$83,696)	-22%
12	General Supplies	\$20,228,210	\$18,813,061	(\$1,415,149)	-7%
13	Licenses and Subscriptions	\$86,718	\$57,283	(\$29,435)	-34%
14	Postage and Shipping	\$723,035	\$669,248	(\$53,787)	-7%
15	Advertising	\$926,467	\$1,005,062	\$78,595	8%
16	Corporate parent/system fees	\$0	\$734,642	\$734,642	0%
17	Computer Software	\$0	\$6,287,744	\$6,287,744	0%
18	Computer hardware & small equipment	\$0	\$312,351	\$312,351	0%
19	Dietary / Food Services	\$0	\$3,460,752	\$3,460,752	0%
20	Lab Fees / Red Cross charges	\$0	\$4,642,528	\$4,642,528	0%
21	Billing & Collection / Bank Fees	\$0	\$3,383,683	\$3,383,683	0%
22	Recruiting / Employee Education & Recognition	\$0	\$833,883	\$833,883	0%
23	Laundry / Linen	\$0	\$1,462,998	\$1,462,998	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$281,743	\$281,743	0%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$3,547,445	\$3,547,445	0%
28	Other Business Expenses	\$33,754,110	\$5,177,210	(\$28,576,900)	-85%
	Total Business Expenses	\$79,107,589	\$74,347,491	(\$4,760,098)	-6%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$498,321,475	\$465,549,726	(\$32,771,749)	-7%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$122,027,110	\$113,336,713	(\$8,690,397)	-7%
2	General Accounting	\$3,251,710	\$2,822,998	(\$428,712)	-13%
3	Patient Billing & Collection	\$4,368,102	\$3,976,317	(\$391,785)	-9%
4	Admitting / Registration Office	\$2,667,189	\$2,861,972	\$194,783	7%
5	Data Processing	\$12,547,450	\$13,281,987	\$734,537	6%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$3,502,153	\$3,247,139	(\$255,014)	-7%
8	Public Relations	\$2,272,265	\$2,378,319	\$106,054	5%
9	Purchasing	\$945,559	\$1,750,453	\$804,894	85%
10	Dietary and Cafeteria	\$5,990,797	\$5,813,972	(\$176,825)	-3%
11	Housekeeping	\$7,296,685	\$6,926,405	(\$370,280)	-5%
12	Laundry & Linen	\$618,856	\$571,033	(\$47,823)	-8%
13	Operation of Plant	\$9,387,342	\$7,902,148	(\$1,485,194)	-16%
14	Security	\$1,924,903	\$1,713,928	(\$210,975)	-11%
15	Repairs and Maintenance	\$10,258,052	\$8,480,464	(\$1,777,588)	-17%
16	Central Sterile Supply	\$6,181,107	\$4,694,998	(\$1,486,109)	-24%
17	Pharmacy Department	\$20,629,593	\$20,390,138	(\$239,455)	-1%
18	Other General Services	\$2,198,574	\$2,072,265	(\$126,309)	-6%
	Total General Services	\$216,067,447	\$202,221,249	(\$13,846,198)	-6%
B.	Professional Services:				
1	Medical Care Administration	\$31,548,584	\$38,751,808	\$7,203,224	23%
2	Residency Program	\$10,511,969	\$10,300,716	(\$211,253)	-2%
3	Nursing Services Administration	\$4,048,552	\$2,770,155	(\$1,278,397)	-32%
4	Medical Records	\$4,661,323	\$4,075,736	(\$585,587)	-13%

HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
5	Social Service	\$4,725,620	\$4,334,019	(\$391,601)	-8%
6	Other Professional Services	\$7,001,215	\$4,104,572	(\$2,896,643)	-41%
	Total Professional Services	\$62,497,263	\$64,337,006	\$1,839,743	3%
C.	<u>Special Services:</u>				
1	Operating Room	\$11,496,150	\$10,945,570	(\$550,580)	-5%
2	Recovery Room	\$3,719,424	\$3,449,166	(\$270,258)	-7%
3	Anesthesiology	\$2,509,747	\$1,849,677	(\$660,070)	-26%
4	Delivery Room	\$2,365,626	\$2,062,090	(\$303,536)	-13%
5	Diagnostic Radiology	\$6,182,158	\$5,962,001	(\$220,157)	-4%
6	Diagnostic Ultrasound	\$707,378	\$717,419	\$10,041	1%
7	Radiation Therapy	\$5,962,665	\$6,429,434	\$466,769	8%
8	Radioisotopes	\$1,097,553	\$981,951	(\$115,602)	-11%
9	CT Scan	\$988,815	\$937,954	(\$50,861)	-5%
10	Laboratory	\$16,805,654	\$15,393,517	(\$1,412,137)	-8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$4,300,430	\$3,385,875	(\$914,555)	-21%
13	Electrocardiology	\$196,726	\$161,923	(\$34,803)	-18%
14	Electroencephalography	\$52,069	\$29,749	(\$22,320)	-43%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,138,804	\$2,849,973	(\$288,831)	-9%
19	Pulmonary Function	\$903,862	\$301,745	(\$602,117)	-67%
20	Intravenous Therapy	\$1,456,697	\$1,177,748	(\$278,949)	-19%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$1,354,469	\$1,175,393	(\$179,076)	-13%
24	Emergency Room	\$17,025,679	\$12,819,119	(\$4,206,560)	-25%
25	MRI	\$1,368,189	\$1,209,173	(\$159,016)	-12%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$405,951	\$377,231	(\$28,720)	-7%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$254,997	\$302,701	\$47,704	19%
32	Occupational Therapy / Physical Therapy	\$4,245,932	\$4,190,245	(\$55,687)	-1%
33	Dental Clinic	\$208,475	\$202,464	(\$6,011)	-3%
34	Other Special Services	\$53,546,312	\$45,697,414	(\$7,848,898)	-15%
	Total Special Services	\$140,293,762	\$122,609,532	(\$17,684,230)	-13%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$37,458,411	\$33,376,234	(\$4,082,177)	-11%
2	Intensive Care Unit	\$13,920,183	\$12,375,637	(\$1,544,546)	-11%
3	Coronary Care Unit	\$5,614,878	\$5,317,799	(\$297,079)	-5%
4	Psychiatric Unit	\$4,989,217	\$4,670,681	(\$318,536)	-6%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,355,915	\$4,046,367	(\$309,548)	-7%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$1,863,944	\$1,759,844	(\$104,100)	-6%
10	Ambulatory Surgery	\$0	\$0	\$0	0%
11	Home Care	\$0	\$0	\$0	0%

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$468,749,267	\$ 477,956,801	\$443,953,258
2	Other Operating Revenue	22,581,945	23,533,832	23,399,945
3	Total Operating Revenue	\$491,331,212	\$501,490,633	\$467,353,203
4	Total Operating Expenses	491,472,461	498,321,475	465,549,726
5	Income/(Loss) From Operations	(\$141,249)	\$3,169,158	\$1,803,477
6	Total Non-Operating Revenue	349,940	70,555	22,197,189
7	Excess/(Deficiency) of Revenue Over Expenses	\$208,691	\$3,239,713	\$24,000,666
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-0.03%	0.63%	0.37%
2	Hospital Non Operating Margin	0.07%	0.01%	4.53%
3	Hospital Total Margin	0.04%	0.65%	4.90%
4	Income/(Loss) From Operations	(\$141,249)	\$3,169,158	\$1,803,477
5	Total Operating Revenue	\$491,331,212	\$501,490,633	\$467,353,203
6	Total Non-Operating Revenue	\$349,940	\$70,555	\$22,197,189
7	Total Revenue	\$491,681,152	\$501,561,188	\$489,550,392
8	Excess/(Deficiency) of Revenue Over Expenses	\$208,691	\$3,239,713	\$24,000,666
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	(\$40,859,335)	(\$79,185,572)	(\$6,652,384)
2	Hospital Total Net Assets	(\$10,170,252)	(\$48,404,289)	\$11,366,084
3	Hospital Change in Total Net Assets	\$20,560,067	(\$38,234,037)	\$59,770,373
4	Hospital Change in Total Net Assets %	33.1%	375.9%	-123.5%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.38	0.36	0.36
2	Total Operating Expenses	\$491,472,461	\$498,321,475	\$465,549,726
3	Total Gross Revenue	\$1,287,870,181	\$1,368,811,124	\$1,258,138,462
4	Total Other Operating Revenue	\$20,294,147	\$23,533,832	\$23,399,945
5	<u>Private Payment to Cost Ratio</u>	1.22	1.25	1.35
6	Total Non-Government Payments	\$183,067,786	\$176,003,951	\$179,177,080

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
7	Total Uninsured Payments	\$4,894,463	\$5,220,146	\$6,210,563
8	Total Non-Government Charges	\$419,934,412	\$402,334,843	\$372,132,677
9	Total Uninsured Charges	\$29,836,109	\$20,228,839	\$20,707,867
10	<u>Medicare Payment to Cost Ratio</u>	0.86	0.85	0.84
11	Total Medicare Payments	\$222,480,164	\$224,806,958	\$204,845,096
12	Total Medicare Charges	\$688,209,507	\$738,893,239	\$674,043,992
13	<u>Medicaid Payment to Cost Ratio</u>	0.66	0.70	0.67
14	Total Medicaid Payments	\$37,701,156	\$56,403,370	\$50,902,371
15	Total Medicaid Charges	\$153,085,810	\$225,556,860	\$210,406,144
16	<u>Uncompensated Care Cost</u>	\$11,294,001	\$10,244,765	\$5,729,463
17	Charity Care	\$5,390,523	\$5,784,587	\$2,239,962
18	Bad Debts	\$24,670,997	\$22,840,000	\$13,531,774
19	Total Uncompensated Care	\$30,061,520	\$28,624,587	\$15,771,736
20	<u>Uncompensated Care % of Total Expenses</u>	2.3%	2.1%	1.2%
21	Total Operating Expenses	\$491,472,461	\$498,321,475	\$465,549,726
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	0.72	0.68	2.79
2	Total Current Assets	\$96,262,931	\$88,421,861	\$134,586,210
3	Total Current Liabilities	\$133,521,627	\$130,542,995	\$48,321,020
4	<u>Days Cash on Hand</u>	11	21	75
5	Cash and Cash Equivalents	\$12,376,408	\$26,693,195	\$93,240,165
6	Short Term Investments	2,314,446	1,156,970	0
7	Total Cash and Short Term Investments	\$14,690,854	\$27,850,165	\$93,240,165
8	Total Operating Expenses	\$491,472,461	\$498,321,475	\$465,549,726
9	Depreciation Expense	\$14,606,590	\$13,478,326	\$13,175,681
10	Operating Expenses less Depreciation Expense	\$476,865,871	\$484,843,149	\$452,374,045
11	<u>Days Revenue in Patient Accounts Receivable</u>	41.30	34.05	20.56

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
12	Net Patient Accounts Receivable	\$ 46,474,066	\$ 42,792,326	\$ 25,007,422
13	Due From Third Party Payers	\$9,564,963	\$6,664,563	\$0
14	Due To Third Party Payers	\$2,995,971	\$4,863,613	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 53,043,058	\$ 44,593,276	\$ 25,007,422
16	Total Net Patient Revenue	\$468,749,267	\$ 477,956,801	\$ 443,953,258
17	Average Payment Period	102.20	98.28	38.99
18	Total Current Liabilities	\$133,521,627	\$130,542,995	\$48,321,020
19	Total Operating Expenses	\$491,472,461	\$498,321,475	\$465,549,726
20	Depreciation Expense	\$14,606,590	\$13,478,326	\$13,175,681
21	Total Operating Expenses less Depreciation Expense	\$476,865,871	\$484,843,149	\$452,374,045
F. Solvency Measures Summary				
1	Equity Financing Ratio	(4.0)	(19.7)	7.1
2	Total Net Assets	(\$10,170,252)	(\$48,404,289)	\$11,366,084
3	Total Assets	\$252,436,059	\$245,632,213	\$160,425,425
4	Cash Flow to Total Debt Ratio	10.9	12.7	76.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$208,691	\$3,239,713	\$24,000,666
6	Depreciation Expense	\$14,606,590	\$13,478,326	\$13,175,681
7	Excess of Revenues Over Expenses and Depreciation Expense	\$14,815,281	\$16,718,039	\$37,176,347
8	Total Current Liabilities	\$133,521,627	\$130,542,995	\$48,321,020
9	Total Long Term Debt	\$1,946,643	\$660,619	\$0
10	Total Current Liabilities and Total Long Term Debt	\$135,468,270	\$131,203,614	\$48,321,020
11	Long Term Debt to Capitalization Ratio	(23.7)	(1.4)	-
12	Total Long Term Debt	\$1,946,643	\$660,619	\$0
13	Total Net Assets	(\$10,170,252)	(\$48,404,289)	\$11,366,084
14	Total Long Term Debt and Total Net Assets	(\$8,223,609)	(\$47,743,670)	\$11,366,084
15	Debt Service Coverage Ratio	2.3	2.5	0.5
16	Excess Revenues over Expenses	\$208,691	\$3,239,713	\$24,000,666
17	Interest Expense	\$2,904,989	\$2,512,441	\$2,279,689
18	Depreciation and Amortization Expense	\$14,606,590	\$13,478,326	\$13,175,681

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
19	Principal Payments	\$4,788,000	\$5,031,000	\$74,698,000
G. Other Financial Ratios				
20	Average Age of Plant	23.3	26.1	-
21	Accumulated Depreciation	\$340,443,184	\$352,115,592	\$0
22	Depreciation and Amortization Expense	\$14,606,590	\$13,478,326	\$13,175,681
H. Utilization Measures Summary				
1	Patient Days	124,273	121,615	102,401
2	Discharges	23,924	22,801	19,676
3	ALOS	5.2	5.3	5.2
4	Staffed Beds	364	369	354
5	Available Beds	-	489	467
6	Licensed Beds	533	533	-
6	Occupancy of Staffed Beds	93.5%	90.3%	79.3%
7	Occupancy of Available Beds	69.6%	68.1%	60.1%
8	Full Time Equivalent Employees	3,106.1	3,128.2	3,042.5
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	30.3%	27.9%	27.9%
2	Medicare Gross Revenue Payer Mix Percentage	53.4%	54.0%	53.6%
3	Medicaid Gross Revenue Payer Mix Percentage	11.9%	16.5%	16.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.3%	1.5%	1.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$390,098,303	\$382,106,004	\$351,424,810
9	Medicare Gross Revenue (Charges)	\$688,209,507	\$738,893,239	\$674,043,992
10	Medicaid Gross Revenue (Charges)	\$153,085,810	\$225,556,860	\$210,406,144
11	Other Medical Assistance Gross Revenue (Charges)	\$25,319,296	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$29,836,109	\$20,228,839	\$20,707,867
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,321,156	\$2,026,182	\$1,555,649
14	Total Gross Revenue (Charges)	\$1,287,870,181	\$1,368,811,124	\$1,258,138,462
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	39.9%	37.3%	39.7%

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
2	Medicare Net Revenue Payer Mix Percentage	49.8%	49.1%	47.0%
3	Medicaid Net Revenue Payer Mix Percentage	8.4%	12.3%	11.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.7%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.1%	1.1%	1.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$178,173,323	\$170,783,805	\$172,966,517
9	Medicare Net Revenue (Payments)	\$222,480,164	\$224,806,958	\$204,845,096
10	Medicaid Net Revenue (Payments)	\$37,701,156	\$56,403,370	\$50,902,371
11	Other Medical Assistance Net Revenue (Payments)	\$3,273,077	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$4,894,463	\$5,220,146	\$6,210,563
13	CHAMPUS / TRICARE Net Revenue Payments)	\$389,829	\$552,478	\$479,022
14	Total Net Revenue (Payments)	\$446,912,012	\$457,766,757	\$435,403,569
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	7,077	6,161	5,331
2	Medicare	13,102	12,686	10,750
3	Medical Assistance	3,711	3,916	3,554
4	Medicaid	3,298	3,916	3,554
5	Other Medical Assistance	413	-	-
6	CHAMPUS / TRICARE	34	38	41
7	Uninsured (Included In Non-Government)	271	113	109
8	Total	23,924	22,801	19,676
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.399600	1.449980	1.442400
2	Medicare	1.581800	1.599950	1.633900
3	Medical Assistance	0.987384	1.062640	1.027500
4	Medicaid	0.962400	1.062640	1.027500
5	Other Medical Assistance	1.186900	0.000000	0.000000
6	CHAMPUS / TRICARE	0.875300	1.157240	0.971400
7	Uninsured (Included In Non-Government)	1.226000	1.241620	1.190200
8	Total Case Mix Index	1.434695	1.466407	1.471102
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	14,506	13,907	11,522
2	Emergency Room - Treated and Discharged	41,101	44,323	43,564
3	Total Emergency Room Visits	55,607	58,230	55,086

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$8,574,602	\$13,634,189	\$5,059,587	59%
2	Inpatient Payments	\$2,732,122	\$4,292,210	\$1,560,088	57%
3	Outpatient Charges	\$2,498,731	\$4,316,372	\$1,817,641	73%
4	Outpatient Payments	\$925,083	\$1,898,739	\$973,656	105%
5	Discharges	194	253	59	30%
6	Patient Days	968	1,499	531	55%
7	Outpatient Visits (Excludes ED Visits)	299	352	53	18%
8	Emergency Department Outpatient Visits	84	151	67	80%
9	Emergency Department Inpatient Admissions	121	150	29	24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,073,333	\$17,950,561	\$6,877,228	62%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,657,205	\$6,190,949	\$2,533,744	69%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$23,086,622	\$22,997,665	(\$88,957)	0%
2	Inpatient Payments	\$7,107,839	\$7,627,908	\$520,069	7%
3	Outpatient Charges	\$6,835,526	\$11,259,801	\$4,424,275	65%
4	Outpatient Payments	\$1,897,491	\$3,089,737	\$1,192,246	63%
5	Discharges	493	489	(4)	-1%
6	Patient Days	2,463	2,332	(131)	-5%
7	Outpatient Visits (Excludes ED Visits)	691	922	231	33%
8	Emergency Department Outpatient Visits	264	317	53	20%
9	Emergency Department Inpatient Admissions	283	260	(23)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$29,922,148	\$34,257,466	\$4,335,318	14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,005,330	\$10,717,645	\$1,712,315	19%

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$17,019,115	\$0	(\$17,019,115)	-100%
2	Inpatient Payments	\$5,409,897	\$0	(\$5,409,897)	-100%
3	Outpatient Charges	\$5,370,123	\$0	(\$5,370,123)	-100%
4	Outpatient Payments	\$1,422,695	\$0	(\$1,422,695)	-100%
5	Discharges	371	0	(371)	-100%
6	Patient Days	2,098	0	(2,098)	-100%
7	Outpatient Visits (Excludes ED Visits)	526	0	(526)	-100%
8	Emergency Department Outpatient Visits	201	0	(201)	-100%
9	Emergency Department Inpatient Admissions	229	0	(229)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$22,389,238	\$0	(\$22,389,238)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,832,592	\$0	(\$6,832,592)	-100%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$918,922	\$474,257	(\$444,665)	-48%
2	Inpatient Payments	\$355,225	\$152,250	(\$202,975)	-57%
3	Outpatient Charges	\$314,393	\$174,454	(\$139,939)	-45%
4	Outpatient Payments	\$75,602	\$28,872	(\$46,730)	-62%
5	Discharges	26	7	(19)	-73%
6	Patient Days	235	92	(143)	-61%
7	Outpatient Visits (Excludes ED Visits)	34	13	(21)	-62%
8	Emergency Department Outpatient Visits	43	30	(13)	-30%
9	Emergency Department Inpatient Admissions	24	8	(16)	-67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,233,315	\$648,711	(\$584,604)	-47%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$430,827	\$181,122	(\$249,705)	-58%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$12,397,234	\$2,962,389	(\$9,434,845)	-76%
2	Inpatient Payments	\$3,705,135	\$951,548	(\$2,753,587)	-74%
3	Outpatient Charges	\$3,775,653	\$778,745	(\$2,996,908)	-79%
4	Outpatient Payments	\$988,675	\$202,837	(\$785,838)	-79%
5	Discharges	260	73	(187)	-72%
6	Patient Days	1,602	341	(1,261)	-79%
7	Outpatient Visits (Excludes ED Visits)	391	72	(319)	-82%
8	Emergency Department Outpatient Visits	217	53	(164)	-76%
9	Emergency Department Inpatient Admissions	192	47	(145)	-76%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,172,887	\$3,741,134	(\$12,431,753)	-77%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,693,810	\$1,154,385	(\$3,539,425)	-75%

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$54,916,912	\$62,967,362	\$8,050,450	15%
2	Inpatient Payments	\$16,040,055	\$18,556,800	\$2,516,745	16%
3	Outpatient Charges	\$12,923,058	\$19,787,390	\$6,864,332	53%
4	Outpatient Payments	\$3,527,835	\$5,079,315	\$1,551,480	44%
5	Discharges	1,134	1,306	172	15%
6	Patient Days	6,792	7,300	508	7%
7	Outpatient Visits (Excludes ED Visits)	1,449	1,553	104	7%
8	Emergency Department Outpatient Visits	704	1,062	358	51%
9	Emergency Department Inpatient Admissions	798	939	141	18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$67,839,970	\$82,754,752	\$14,914,782	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$19,567,890	\$23,636,115	\$4,068,225	21%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$5,537,393	\$4,893,976	(\$643,417)	-12%
2	Inpatient Payments	\$1,621,207	\$1,422,773	(\$198,434)	-12%
3	Outpatient Charges	\$1,397,503	\$2,568,868	\$1,171,365	84%
4	Outpatient Payments	\$354,579	\$603,603	\$249,024	70%
5	Discharges	128	110	(18)	-14%
6	Patient Days	670	556	(114)	-17%
7	Outpatient Visits (Excludes ED Visits)	419	634	215	51%
8	Emergency Department Outpatient Visits	191	281	90	47%
9	Emergency Department Inpatient Admissions	115	79	(36)	-31%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,934,896	\$7,462,844	\$527,948	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,975,786	\$2,026,376	\$50,590	3%
I. AETNA					
1	Inpatient Charges	\$4,614,945	\$5,098,358	\$483,413	10%
2	Inpatient Payments	\$1,373,312	\$1,670,787	\$297,475	22%
3	Outpatient Charges	\$1,279,301	\$1,969,057	\$689,756	54%
4	Outpatient Payments	\$337,672	\$539,427	\$201,755	60%
5	Discharges	81	111	30	37%
6	Patient Days	496	545	49	10%
7	Outpatient Visits (Excludes ED Visits)	190	210	20	11%
8	Emergency Department Outpatient Visits	49	99	50	102%
9	Emergency Department Inpatient Admissions	58	77	19	33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,894,246	\$7,067,415	\$1,173,169	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,710,984	\$2,210,214	\$499,230	29%

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$248,879	\$570,260	\$321,381	129%
2	Inpatient Payments	\$67,656	\$158,884	\$91,228	135%
3	Outpatient Charges	\$116,675	\$157,618	\$40,943	35%
4	Outpatient Payments	\$22,657	\$37,002	\$14,345	63%
5	Discharges	5	5	0	0%
6	Patient Days	37	50	13	35%
7	Outpatient Visits (Excludes ED Visits)	37	13	(24)	-65%
8	Emergency Department Outpatient Visits	9	5	(4)	-44%
9	Emergency Department Inpatient Admissions	4	5	1	25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$365,554	\$727,878	\$362,324	99%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$90,313	\$195,886	\$105,573	117%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$127,314,624	\$113,598,456	(\$13,716,168)	-11%
	TOTAL INPATIENT PAYMENTS	\$38,412,448	\$34,833,160	(\$3,579,288)	-9%
	TOTAL OUTPATIENT CHARGES	\$34,510,963	\$41,012,305	\$6,501,342	19%
	TOTAL OUTPATIENT PAYMENTS	\$9,552,289	\$11,479,532	\$1,927,243	20%
	TOTAL DISCHARGES	2,692	2,354	(338)	-13%
	TOTAL PATIENT DAYS	15,361	12,715	(2,646)	-17%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	4,036	3,769	(267)	-7%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,762	1,998	236	13%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,824	1,565	(259)	-14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$161,825,587	\$154,610,761	(\$7,214,826)	-4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$47,964,737	\$46,312,692	(\$1,652,045)	-3%

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$16,753,087	\$3,549,542	(\$13,203,545)	-79%
2	Inpatient Payments	\$4,641,136	\$933,740	(\$3,707,396)	-80%
3	Outpatient Charges	\$26,797,280	\$6,678,013	(\$20,119,267)	-75%
4	Outpatient Payments	\$9,169,596	\$2,278,114	(\$6,891,482)	-75%
5	Discharges	930	185	(745)	-80%
6	Patient Days	2,986	584	(2,402)	-80%
7	Outpatient Visits (Excludes ED Visits)	12,465	3,147	(9,318)	-75%
8	Emergency Department Outpatient Visits	5,889	1,421	(4,468)	-76%
9	Emergency Department Inpatient Admissions	176	42	(134)	-76%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$43,550,367	\$10,227,555	(\$33,322,812)	-77%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,810,732	\$3,211,854	(\$10,598,878)	-77%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$8,922,080	\$2,347,700	(\$6,574,380)	-74%
2	Inpatient Payments	\$2,640,964	\$823,462	(\$1,817,502)	-69%
3	Outpatient Charges	\$3,809,124	\$816,293	(\$2,992,831)	-79%
4	Outpatient Payments	\$943,517	\$165,280	(\$778,237)	-82%
5	Discharges	256	63	(193)	-75%
6	Patient Days	3,430	860	(2,570)	-75%
7	Outpatient Visits (Excludes ED Visits)	3,763	1,845	(1,918)	-51%
8	Emergency Department Outpatient Visits	3	34	31	1033%
9	Emergency Department Inpatient Admissions	126	76	(50)	-40%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,731,204	\$3,163,993	(\$9,567,211)	-75%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,584,481	\$988,742	(\$2,595,739)	-72%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F.	FIRST CHOICE OF CONNECTICUT, PREFERRED ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$2,873,163	\$804,051	(\$2,069,112)	-72%
2	Inpatient Payments	\$895,302	\$178,454	(\$716,848)	-80%
3	Outpatient Charges	\$4,887,146	\$1,182,314	(\$3,704,832)	-76%
4	Outpatient Payments	\$1,072,217	\$279,470	(\$792,747)	-74%
5	Discharges	157	35	(122)	-78%
6	Patient Days	546	106	(440)	-81%
7	Outpatient Visits (Excludes ED Visits)	2,196	607	(1,589)	-72%
8	Emergency Department Outpatient Visits	1,172	274	(898)	-77%
9	Emergency Department Inpatient Admissions	24	8	(16)	-67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,760,309	\$1,986,365	(\$5,773,944)	-74%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,967,519	\$457,924	(\$1,509,595)	-77%
H.	AETNA				
1	Inpatient Charges	\$6,551,613	\$1,247,788	(\$5,303,825)	-81%
2	Inpatient Payments	\$2,013,241	\$310,383	(\$1,702,858)	-85%
3	Outpatient Charges	\$8,879,754	\$2,535,650	(\$6,344,104)	-71%
4	Outpatient Payments	\$2,185,921	\$637,795	(\$1,548,126)	-71%
5	Discharges	303	58	(245)	-81%
6	Patient Days	1,062	172	(890)	-84%
7	Outpatient Visits (Excludes ED Visits)	3,700	960	(2,740)	-74%
8	Emergency Department Outpatient Visits	1,761	498	(1,263)	-72%
9	Emergency Department Inpatient Admissions	83	17	(66)	-80%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,431,367	\$3,783,438	(\$11,647,929)	-75%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,199,162	\$948,178	(\$3,250,984)	-77%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$35,099,943	\$7,949,081	(\$27,150,862)	-77%
	TOTAL INPATIENT PAYMENTS	\$10,190,643	\$2,246,039	(\$7,944,604)	-78%
	TOTAL OUTPATIENT CHARGES	\$44,373,304	\$11,212,270	(\$33,161,034)	-75%
	TOTAL OUTPATIENT PAYMENTS	\$13,371,251	\$3,360,659	(\$10,010,592)	-75%
	TOTAL DISCHARGES	1,646	341	(1,305)	-79%
	TOTAL PATIENT DAYS	8,024	1,722	(6,302)	-79%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	22,124	6,559	(15,565)	-70%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	8,825	2,227	(6,598)	-75%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	409	143	(266)	-65%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$79,473,247	\$19,161,351	(\$60,311,896)	-76%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$23,561,894	\$5,606,698	(\$17,955,196)	-76%

**HOSPITAL OF SAINT RAPHAEL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

SAINT RAPHAEL HEALTHCARE SYSTEM, INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$33,762,815	\$95,063,233	\$61,300,418	182%
2	Short Term Investments	\$1,156,970	\$0	(\$1,156,970)	-100%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$45,453,211	\$26,745,791	(\$18,707,420)	-41%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,206,054	\$0	(\$1,206,054)	-100%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$6,664,563	\$0	(\$6,664,563)	-100%
7	Inventories of Supplies	\$7,466,483	\$0	(\$7,466,483)	-100%
8	Prepaid Expenses	\$230,018	\$44,889	(\$185,129)	-80%
9	Other Current Assets	\$3,494,247	\$16,889,185	\$13,394,938	383%
	Total Current Assets	\$99,434,361	\$138,743,098	\$39,308,737	40%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$7,503,642	\$6,156,122	(\$1,347,520)	-18%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$7,584,514	\$0	(\$7,584,514)	-100%
4	Other Noncurrent Assets Whose Use is Limited	\$80,655,013	\$22,638,744	(\$58,016,269)	-72%
	Total Noncurrent Assets Whose Use is Limited:	\$95,743,169	\$28,794,866	(\$66,948,303)	-70%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$2,204,090	\$0	(\$2,204,090)	-100%
7	Other Noncurrent Assets	\$21,830,482	\$4,342,037	(\$17,488,445)	-80%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$458,396,133	\$0	(\$458,396,133)	-100%
2	Less: Accumulated Depreciation	\$363,550,558	\$0	(\$363,550,558)	(\$1)
	Property, Plant and Equipment, Net	\$94,845,575	\$0	(\$94,845,575)	-100%
3	Construction in Progress	\$2,089,600	\$0	(\$2,089,600)	-100%
	Total Net Fixed Assets	\$96,935,175	\$0	(\$96,935,175)	-100%
	Total Assets	\$316,147,277	\$171,880,001	(\$144,267,276)	-46%

SAINT RAPHAEL HEALTHCARE SYSTEM, INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. <u>LIABILITIES AND NET ASSETS</u>					
A. <u>Current Liabilities:</u>					
1	Accounts Payable and Accrued Expenses	\$49,250,642	\$48,962,386	(\$288,256)	-1%
2	Salaries, Wages and Payroll Taxes	\$9,283,150	\$96,538	(\$9,186,612)	-99%
3	Due To Third Party Payers	\$4,863,613	\$0	(\$4,863,613)	-100%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$74,037,024	\$0	(\$74,037,024)	-100%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$2,014,389	\$0	(\$2,014,389)	-100%
	Total Current Liabilities	\$139,448,818	\$49,058,924	(\$90,389,894)	-65%
B. <u>Long Term Debt:</u>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$660,619	\$0	(\$660,619)	-100%
	Total Long Term Debt	\$660,619	\$0	(\$660,619)	-100%
3	Accrued Pension Liability	\$140,965,489	\$100,736,527	(\$40,228,962)	-29%
4	Other Long Term Liabilities	\$59,991,726	\$79,791	(\$59,911,935)	-100%
	Total Long Term Liabilities	\$201,617,834	\$100,816,318	(\$100,801,516)	-50%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. <u>Net Assets:</u>					
1	Unrestricted Net Assets or Equity	(\$61,657,421)	(\$3,120,235)	\$58,537,186	-95%
2	Temporarily Restricted Net Assets	\$20,776,127	\$12,111,631	(\$8,664,496)	-42%
3	Permanently Restricted Net Assets	\$15,961,919	\$13,013,363	(\$2,948,556)	-18%
	Total Net Assets	(\$24,919,375)	\$22,004,759	\$46,924,134	-188%
	Total Liabilities and Net Assets	\$316,147,277	\$171,880,001	(\$144,267,276)	-46%

SAINT RAPHAEL HEALTHCARE SYSTEM, INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,394,159,643	\$1,304,482,620	(\$89,677,023)	-6%
2	Less: Allowances	\$896,038,334	\$838,613,350	(\$57,424,984)	-6%
3	Less: Charity Care	\$5,784,587	\$2,239,963	(\$3,544,624)	-61%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$492,336,722	\$463,629,307	(\$28,707,415)	-6%
5	Other Operating Revenue	\$21,108,848	\$23,568,982	\$2,460,134	12%
6	Net Assets Released from Restrictions	\$5,555,754	\$5,487,195	(\$68,559)	-1%
	Total Operating Revenue	\$519,001,324	\$492,685,484	(\$26,315,840)	-5%
B. Operating Expenses:					
1	Salaries and Wages	\$244,808,913	\$233,498,085	(\$11,310,828)	-5%
2	Fringe Benefits	\$59,563,126	\$62,675,333	\$3,112,207	5%
3	Physicians Fees	\$6,150,524	\$6,548,513	\$397,989	6%
4	Supplies and Drugs	\$67,063,859	\$59,079,794	(\$7,984,065)	-12%
5	Depreciation and Amortization	\$14,005,649	\$13,693,534	(\$312,115)	-2%
6	Bad Debts	\$23,430,296	\$15,567,805	(\$7,862,491)	-34%
7	Interest	\$2,703,853	\$2,491,935	(\$211,918)	-8%
8	Malpractice	\$3,359,000	\$5,815,409	\$2,456,409	73%
9	Other Operating Expenses	\$97,801,509	\$101,942,430	\$4,140,921	4%
	Total Operating Expenses	\$518,886,729	\$501,312,838	(\$17,573,891)	-3%
	Income/(Loss) From Operations	\$114,595	(\$8,627,354)	(\$8,741,949)	-7629%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$653,871	\$961,475	\$307,604	47%
	Total Non-Operating Revenue	\$653,871	\$961,475	\$307,604	47%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$768,466	(\$7,665,879)	(\$8,434,345)	-1098%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$148,573	\$1,023,441	\$874,868	589%
	All Other Adjustments	\$0	\$10,062,552	\$10,062,552	0%
	Total Other Adjustments	\$148,573	\$11,085,993	\$10,937,420	7362%
	Excess/(Deficiency) of Revenue Over Expenses	\$917,039	\$3,420,114	\$2,503,075	273%

SAINT RAPHAEL HEALTHCARE SYSTEM, INC

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$485,870,569	\$492,336,722	\$463,629,307
2	Other Operating Revenue	26,678,063	26,664,602	29,056,177
3	Total Operating Revenue	\$512,548,632	\$519,001,324	\$492,685,484
4	Total Operating Expenses	515,702,230	518,886,729	501,312,838
5	Income/(Loss) From Operations	(\$3,153,598)	\$114,595	(\$8,627,354)
6	Total Non-Operating Revenue	3,888,443	802,444	12,047,468
7	Excess/(Deficiency) of Revenue Over Expenses	\$734,845	\$917,039	\$3,420,114
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-0.61%	0.02%	-1.71%
2	Parent Corporation Non-Operating Margin	0.75%	0.15%	2.39%
3	Parent Corporation Total Margin	0.14%	0.18%	0.68%
4	Income/(Loss) From Operations	(\$3,153,598)	\$114,595	(\$8,627,354)
5	Total Operating Revenue	\$512,548,632	\$519,001,324	\$492,685,484
6	Total Non-Operating Revenue	\$3,888,443	\$802,444	\$12,047,468
7	Total Revenue	\$516,437,075	\$519,803,768	\$504,732,952
8	Excess/(Deficiency) of Revenue Over Expenses	\$734,845	\$917,039	\$3,420,114
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	(\$36,793,919)	(\$61,657,421)	-\$3,120,235
2	Parent Corporation Total Net Assets	\$183,203	(\$24,919,375)	\$22,004,759
3	Parent Corporation Change in Total Net Assets	\$20,070,745	(\$25,102,578)	\$46,924,134
4	Parent Corporation Change in Total Net Assets %	-0.9%	-13702.1%	-188.3%

SAINT RAPHAEL HEALTHCARE SYSTEM, INC

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	0.65	0.71	2.83
2	Total Current Assets	\$93,478,841	\$99,434,361	\$138,743,098
3	Total Current Liabilities	\$144,243,042	\$139,448,818	\$49,058,924
4	<u>Days Cash on Hand</u>	15	25	71
5	Cash and Cash Equivalents	\$18,157,676	\$33,762,815	\$95,063,233
6	Short Term Investments	2,314,446	1,156,970	0
7	Total Cash and Short Term Investments	\$20,472,122	\$34,919,785	\$95,063,233
8	Total Operating Expenses	\$515,702,230	\$518,886,729	\$501,312,838
9	Depreciation Expense	\$15,255,332	\$14,005,649	\$13,693,534
10	Operating Expenses less Depreciation Expense	\$500,446,898	\$504,881,080	\$487,619,304
11	<u>Days Revenue in Patient Accounts Receivable</u>	41	35	21
12	Net Patient Accounts Receivable	\$ 48,995,601	\$ 45,453,211	\$ 26,745,791
13	Due From Third Party Payers	\$9,564,963	\$6,664,563	\$0
14	Due To Third Party Payers	\$3,567,787	\$4,863,613	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 54,992,777	\$ 47,254,161	\$ 26,745,791
16	Total Net Patient Revenue	\$485,870,569	\$492,336,722	\$463,629,307
17	<u>Average Payment Period</u>	105	101	37
18	Total Current Liabilities	\$144,243,042	\$139,448,818	\$49,058,924
19	Total Operating Expenses	\$515,702,230	\$518,886,729	\$501,312,838
20	Depreciation Expense	\$15,255,332	\$14,005,649	\$13,693,534
21	Total Operating Expenses less Depreciation Expense	\$500,446,898	\$504,881,080	\$487,619,304

SAINT RAPHAEL HEALTHCARE SYSTEM, INC

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	0.1	(7.9)	12.8
2	Total Net Assets	\$183,203	(\$24,919,375)	\$22,004,759
3	Total Assets	\$309,140,358	\$316,147,277	\$171,880,001
4	<u>Cash Flow to Total Debt Ratio</u>	10.9	10.7	34.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$734,845	\$917,039	\$3,420,114
6	Depreciation Expense	\$15,255,332	\$14,005,649	\$13,693,534
7	Excess of Revenues Over Expenses and Depreciation Expense	\$15,990,177	\$14,922,688	\$17,113,648
8	Total Current Liabilities	\$144,243,042	\$139,448,818	\$49,058,924
9	Total Long Term Debt	\$1,946,643	\$660,619	\$0
10	Total Current Liabilities and Total Long Term Debt	\$146,189,685	\$140,109,437	\$49,058,924
11	<u>Long Term Debt to Capitalization Ratio</u>	91.4	(2.7)	-
12	Total Long Term Debt	\$1,946,643	\$660,619	\$0
13	Total Net Assets	\$183,203	(\$24,919,375)	\$22,004,759
14	Total Long Term Debt and Total Net Assets	\$2,129,846	(\$24,258,756)	\$22,004,759

		HOSPITAL OF SAINT RAPHAEL						
		TWELVE MONTHS ACTUAL FILING						
		FISCAL YEAR 2012						
		REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	62,464	16,144	16,191	214	267	80.0%	64.1%
2	ICU/CCU (Excludes Neonatal ICU)	17,805	1,168	0	62	75	78.7%	65.0%
3	Psychiatric: Ages 0 to 17	4,888	445	431	15	23	89.3%	58.2%
4	Psychiatric: Ages 18+	7,555	694	675	22	25	94.1%	82.8%
	TOTAL PSYCHIATRIC	12,443	1,139	1,106	37	48	92.1%	71.0%
5	Rehabilitation	3,465	381	368	11	18	86.3%	52.7%
6	Maternity	2,504	880	876	12	19	57.2%	36.1%
7	Newborn	2,477	992	1,100	11	29	61.7%	23.4%
8	Neonatal ICU	1,206	119	0	6	8	55.1%	41.3%
9	Pediatric	37	21	21	1	3	10.1%	3.4%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	99,924	18,684	18,562	343	438	79.8%	62.5%
	TOTAL INPATIENT BED UTILIZATION	102,401	19,676	19,662	354	467	79.3%	60.1%
	TOTAL INPATIENT REPORTED YEAR	102,401	19,676	19,662	354	467	79.3%	60.1%
	TOTAL INPATIENT PRIOR YEAR	121,615	22,801	23,078	369	489	90.3%	68.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-19,214	-3,125	-3,416	-15	-22	-11.0%	-8.1%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-16%	-14%	-15%	-4%	-4%	-12%	-12%
	Total Licensed Beds and Bassinets	0						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
A.	CT Scans (A)				
1	Inpatient Scans	14,186	11,338	-2,848	-20%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,822	8,304	-1,518	-15%
3	Emergency Department Scans	7,579	7,217	-362	-5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	31,587	26,859	-4,728	-15%
B.	MRI Scans (A)				
1	Inpatient Scans	1,946	1,849	-97	-5%
2	Outpatient Scans (Excluding Emergency Department Scans)	419	6,043	5,624	1342%
3	Emergency Department Scans	2	124	122	6100%
4	Other Non-Hospital Providers' Scans (A)	6,556	0	-6,556	-100%
	Total MRI Scans	8,923	8,016	-907	-10%
C.	PET Scans (A)				
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	8	10	2	25%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	8	10	2	25%
D.	PET/CT Scans (A)				
1	Inpatient Scans	36	29	-7	-19%
2	Outpatient Scans (Excluding Emergency Department Scans)	964	866	-98	-10%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	1,000	895	-105	-11%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E.	Linear Accelerator Procedures				
1	Inpatient Procedures	952	763	-189	-20%
2	Outpatient Procedures	17,001	14,237	-2,764	-16%
	Total Linear Accelerator Procedures	17,953	15,000	-2,953	-16%
F.	Cardiac Catheterization Procedures				
1	Inpatient Procedures	706	574	-132	-19%
2	Outpatient Procedures	1,238	944	-294	-24%
	Total Cardiac Catheterization Procedures	1,944	1,518	-426	-22%
G.	Cardiac Angioplasty Procedures				
1	Primary Procedures	298	270	-28	-9%
2	Elective Procedures	298	203	-95	-32%
	Total Cardiac Angioplasty Procedures	596	473	-123	-21%
H.	Electrophysiology Studies				
1	Inpatient Studies	335	270	-65	-19%
2	Outpatient Studies	347	344	-3	-1%
	Total Electrophysiology Studies	682	614	-68	-10%
I.	Surgical Procedures				
1	Inpatient Surgical Procedures	6,080	5,367	-713	-12%
2	Outpatient Surgical Procedures	9,770	8,811	-959	-10%
	Total Surgical Procedures	15,850	14,178	-1,672	-11%
J.	Endoscopy Procedures				

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	0	0	0	0%
2	Outpatient Endoscopy Procedures	4,657	4,487	-170	-4%
	Total Endoscopy Procedures	4,657	4,487	-170	-4%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	13,907	11,522	-2,385	-17%
2	Emergency Room Visits: Treated and Discharged	44,323	43,564	-759	-2%
	Total Emergency Room Visits	58,230	55,086	-3,144	-5%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	1,074	1,800	726	68%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	13,141	12,944	-197	-1%
5	Specialty Clinic Visits	40,625	32,710	-7,915	-19%
	Total Hospital Clinic Visits	54,840	47,454	-7,386	-13%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	13,176	14,475	1,299	10%
2	Cardiology	1,933	1,894	-39	-2%
3	Chemotherapy	614	478	-136	-22%
4	Gastroenterology	3,414	3,253	-161	-5%
5	Other Outpatient Visits	7,097	5,863	-1,234	-17%
	Total Other Hospital Outpatient Visits	26,234	25,963	-271	-1%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	917.4	864.7	-52.7	-6%
2	Total Physician FTEs	289.0	288.9	-0.1	0%
3	Total Non-Nursing and Non-Physician FTEs	1,921.8	1,888.9	-32.9	-2%
	Total Hospital Full Time Equivalent Employees	3,128.2	3,042.5	-85.7	-3%

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
A.	<u>Outpatient Surgical Procedures</u>				
1	Hospital of Saint Raphael	9,770	8,811	-959	-10%
	Total Outpatient Surgical Procedures(A)	9,770	8,811	-959	-10%
B.	<u>Outpatient Endoscopy Procedures</u>				
1	Hospital of Saint Raphael	4,657	4,487	-170	-4%
	Total Outpatient Endoscopy Procedures(B)	4,657	4,487	-170	-4%
C.	<u>Outpatient Hospital Emergency Room Visits</u>				
1	Hospital of Saint Raphael	44,323	43,564	-759	-2%
	Total Outpatient Hospital Emergency Room Visits(C)	44,323	43,564	-759	-2%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
I.	<u>DATA BY MAJOR PAYER CATEGORY</u>				
A.	<u>MEDICARE</u>				
	<u>MEDICARE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$577,575,465	\$515,362,097	(\$62,213,368)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$176,821,658	\$159,938,811	(\$16,882,847)	-10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.61%	31.03%	0.42%	1%
4	DISCHARGES	12,686	10,750	(1,936)	-15%
5	CASE MIX INDEX (CMI)	1.59995	1.63390	0.03395	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	20,296.96570	17,564.42500	(2,732.54070)	-13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,711.73	\$9,105.84	\$394.11	5%
8	PATIENT DAYS	75,250	63,250	(12,000)	-16%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,349.79	\$2,528.68	\$178.89	8%
10	AVERAGE LENGTH OF STAY	5.9	5.9	(0.0)	-1%
	<u>MEDICARE OUTPATIENT</u>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$161,317,774	\$158,681,895	(\$2,635,879)	-2%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$47,985,300	\$44,906,285	(\$3,079,015)	-6%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.75%	28.30%	-1.45%	-5%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	27.93%	30.79%	2.86%	10%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,543.22059	3,309.96474	(233.25585)	-7%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,542.85	\$13,567.00	\$24.15	0%
	<u>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</u>				
17	TOTAL ACCRUED CHARGES	\$738,893,239	\$674,043,992	(\$64,849,247)	-9%
18	TOTAL ACCRUED PAYMENTS	\$224,806,958	\$204,845,096	(\$19,961,862)	-9%
19	TOTAL ALLOWANCES	\$514,086,281	\$469,198,896	(\$44,887,385)	-9%

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
B.	<u>NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</u>				
	<u>NON-GOVERNMENT INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$225,061,149	\$198,805,791	(\$26,255,358)	-12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$97,784,714	\$92,669,294	(\$5,115,420)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.45%	46.61%	3.16%	7%
4	DISCHARGES	6,161	5,331	(830)	-13%
5	CASE MIX INDEX (CMI)	1.44998	1.44240	(0.00758)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,933.32678	7,689.43440	(1,243.89238)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,946.06	\$12,051.51	\$1,105.45	10%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,234.33)	(\$2,945.67)	(\$711.34)	32%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$19,959,995)	(\$22,650,549)	(\$2,690,554)	13%
10	PATIENT DAYS	25,554	21,836	(3,718)	-15%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,826.59	\$4,243.88	\$417.29	11%
12	AVERAGE LENGTH OF STAY	4.1	4.1	(0.1)	-1%
	<u>NON-GOVERNMENT OUTPATIENT</u>				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$177,273,694	\$173,326,886	(\$3,946,808)	-2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$78,219,237	\$86,507,786	\$8,288,549	11%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.12%	49.91%	5.79%	13%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	78.77%	87.18%	8.42%	11%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,852.82881	4,647.78025	(205.04856)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$16,118.28	\$18,612.71	\$2,494.43	15%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$2,575.43)	(\$5,045.71)	(\$2,470.28)	96%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,498,111)	(\$23,451,361)	(\$10,953,250)	88%
	<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>				
21	TOTAL ACCRUED CHARGES	\$402,334,843	\$372,132,677	(\$30,202,166)	-8%
22	TOTAL ACCRUED PAYMENTS	\$176,003,951	\$179,177,080	\$3,173,129	2%
23	TOTAL ALLOWANCES	\$226,330,892	\$192,955,597	(\$33,375,295)	-15%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$32,458,106)	(\$46,101,910)	(\$13,643,804)	42%
	<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$384,002,145	\$353,589,706	(\$30,412,439)	-8%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$196,051,082	\$185,799,378	(\$10,251,704)	-5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,951,063	\$167,790,328	(\$20,160,735)	-11%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.95%	47.45%	-1.49%	

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$3,818,662	\$3,958,361	\$139,699	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$662,259	\$2,007,437	\$1,345,178	203%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.34%	50.71%	33.37%	192%
4	DISCHARGES	113	109	(4)	-4%
5	CASE MIX INDEX (CMI)	1.24162	1.19020	(0.05142)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	140.30306	129.73180	(10.57126)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,720.20	\$15,473.75	\$10,753.54	228%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,225.85	(\$3,422.24)	(\$9,648.09)	-155%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$3,991.53	(\$6,367.91)	(\$10,359.43)	-260%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$560,023	(\$826,120)	(\$1,386,143)	-248%
11	PATIENT DAYS	412	531	119	29%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,607.42	\$3,780.48	\$2,173.06	135%
13	AVERAGE LENGTH OF STAY	3.6	4.9	1.2	34%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$16,410,177	\$16,749,506	\$339,329	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,557,887	\$4,203,126	(\$354,761)	-8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.77%	25.09%	-2.68%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	429.74%	423.14%	-6.59%	-2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	485.60203	461.22528	(24.37675)	-5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,386.05	\$9,112.96	(\$273.10)	-3%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,732.22	\$9,499.75	\$2,767.53	41%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,156.79	\$4,454.04	\$297.25	7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,018,548	\$2,054,316	\$35,769	2%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$20,228,839	\$20,707,867	\$479,028	2%
24	TOTAL ACCRUED PAYMENTS	\$5,220,146	\$6,210,563	\$990,417	19%
25	TOTAL ALLOWANCES	\$15,008,693	\$14,497,304	(\$511,389)	-3%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,578,571	\$1,228,196	(\$1,350,375)	-52%

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
D.	<u>STATE OF CONNECTICUT MEDICAID</u>				
	<u>MEDICAID INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$120,346,712	\$103,243,895	(\$17,102,817)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$29,303,581	\$25,440,275	(\$3,863,306)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.35%	24.64%	0.29%	1%
4	DISCHARGES	3,916	3,554	(362)	-9%
5	CASE MIX INDEX (CMI)	1.06264	1.02750	(0.03514)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,161.29824	3,651.73500	(509.56324)	-12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,041.93	\$6,966.63	(\$75.31)	-1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,904.13	\$5,084.88	\$1,180.76	30%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,669.80	\$2,139.21	\$469.42	28%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,948,520	\$7,811,833	\$863,313	12%
11	PATIENT DAYS	20,583	17,207	(3,376)	-16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,423.68	\$1,478.48	\$54.81	4%
13	AVERAGE LENGTH OF STAY	5.3	4.8	(0.4)	-8%
	<u>MEDICAID OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$105,210,148	\$107,162,249	\$1,952,101	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$27,099,789	\$25,462,096	(\$1,637,693)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.76%	23.76%	-2.00%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	87.42%	103.80%	16.37%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,423.46652	3,688.88284	265.41632	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,915.89	\$6,902.39	(\$1,013.50)	-13%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,202.39	\$11,710.32	\$3,507.94	43%
21	MEDICARE - MEDICAID OP PMT / OPED	\$5,626.96	\$6,664.61	\$1,037.65	18%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,263,700	\$24,584,970	\$5,321,270	28%
	<u>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$225,556,860	\$210,406,144	(\$15,150,716)	-7%
24	TOTAL ACCRUED PAYMENTS	\$56,403,370	\$50,902,371	(\$5,500,999)	-10%
25	TOTAL ALLOWANCES	\$169,153,490	\$159,503,773	(\$9,649,717)	-6%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$26,212,220	\$32,396,803	\$6,184,583	24%

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$10,946.06	\$12,051.51	\$1,105.45	10%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,711.73	\$9,105.84	\$394.11	5%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$16,118.28	\$18,612.71	\$2,494.43	15%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$13,542.85	\$13,567.00	\$24.15	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

HOSPITAL OF SAINT RAPHAEL					
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FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
F.	<u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u>				
	<u>TOTAL MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$120,346,712	\$103,243,895	(\$17,102,817)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$29,303,581	\$25,440,275	(\$3,863,306)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.35%	24.64%	0.29%	1%
4	DISCHARGES	3,916	3,554	(362)	-9%
5	CASE MIX INDEX (CMI)	1.06264	1.02750	(0.03514)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,161.29824	3,651.73500	(509.56324)	-12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,041.93	\$6,966.63	(\$75.31)	-1%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,904.13	\$5,084.88	\$1,180.76	30%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,669.80	\$2,139.21	\$469.42	28%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,948,520	\$7,811,833	\$863,313	12%
11	PATIENT DAYS	20,583	17,207	(3,376)	-16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,423.68	\$1,478.48	\$54.81	4%
13	AVERAGE LENGTH OF STAY	5.3	4.8	(0.4)	-8%
	<u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$105,210,148	\$107,162,249	\$1,952,101	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$27,099,789	\$25,462,096	(\$1,637,693)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.76%	23.76%	-2.00%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	87.42%	103.80%	16.37%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,423.46652	3,688.88284	265.41632	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,915.89	\$6,902.39	(\$1,013.50)	-13%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$8,202.39	\$11,710.32	\$3,507.94	43%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,626.96	\$6,664.61	\$1,037.65	18%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,263,700	\$24,584,970	\$5,321,270	28%
	<u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$225,556,860	\$210,406,144	(\$15,150,716)	-7%
24	TOTAL ACCRUED PAYMENTS	\$56,403,370	\$50,902,371	(\$5,500,999)	-10%
25	TOTAL ALLOWANCES	\$169,153,490	\$159,503,773	(\$9,649,717)	-6%

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
G.	CHAMPUS / TRICARE				
	CHAMPUS / TRICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$1,253,955	\$857,918	(\$396,037)	-32%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$400,680	\$256,080	(\$144,600)	-36%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.95%	29.85%	-2.10%	-7%
4	DISCHARGES	38	41	3	8%
5	CASE MIX INDEX (CMI)	1.15724	0.97140	(0.18584)	-16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	43.97512	39.82740	(4.14772)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,111.52	\$6,429.74	(\$2,681.77)	-29%
8	PATIENT DAYS	228	108	(120)	-53%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,757.37	\$2,371.11	\$613.74	35%
10	AVERAGE LENGTH OF STAY	6.0	2.6	(3.4)	-56%
	CHAMPUS / TRICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$772,227	\$697,731	(\$74,496)	-10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$151,798	\$222,942	\$71,144	47%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
13	TOTAL ACCRUED CHARGES	\$2,026,182	\$1,555,649	(\$470,533)	-23%
14	TOTAL ACCRUED PAYMENTS	\$552,478	\$479,022	(\$73,456)	-13%
15	TOTAL ALLOWANCES	\$1,473,704	\$1,076,627	(\$397,077)	-27%
H.	OTHER DATA				
1	OTHER OPERATING REVENUE	\$23,533,832	\$23,399,945	(\$133,887)	-1%
2	TOTAL OPERATING EXPENSES	\$498,321,475	\$465,549,726	(\$32,771,749)	-7%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
4	CHARITY CARE (CHARGES)	\$5,784,587	\$2,239,962	(\$3,544,625)	-61%
5	BAD DEBTS (CHARGES)	\$22,840,000	\$13,531,774	(\$9,308,226)	-41%
6	UNCOMPENSATED CARE (CHARGES)	\$28,624,587	\$15,771,736	(\$12,852,851)	-45%
7	COST OF UNCOMPENSATED CARE	\$9,572,821	\$5,458,120	(\$4,114,702)	-43%
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)				
8	TOTAL ACCRUED CHARGES	\$225,556,860	\$210,406,144	(\$15,150,716)	-7%
9	TOTAL ACCRUED PAYMENTS	\$56,403,370	\$50,902,371	(\$5,500,999)	-10%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$75,432,198	\$72,815,186	(\$2,617,013)	-3%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$19,028,828	\$21,912,815	\$2,883,986	15%

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
II.	<u>AGGREGATE DATA</u>				
A.	<u>TOTALS - ALL PAYERS</u>				
1	TOTAL INPATIENT CHARGES	\$924,237,281	\$818,269,701	(\$105,967,580)	-11%
2	TOTAL INPATIENT PAYMENTS	\$304,310,633	\$278,304,460	(\$26,006,173)	-9%
3	TOTAL INPATIENT PAYMENTS / CHARGES	32.93%	34.01%	1.09%	3%
4	TOTAL DISCHARGES	22,801	19,676	(3,125)	-14%
5	TOTAL CASE MIX INDEX	1.46641	1.47110	0.00470	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	33,435,56584	28,945,42180	(4,490,14404)	-13%
7	TOTAL OUTPATIENT CHARGES	\$444,573,843	\$439,868,761	(\$4,705,082)	-1%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	48.10%	53.76%	5.65%	12%
9	TOTAL OUTPATIENT PAYMENTS	\$153,456,124	\$157,099,109	\$3,642,985	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.52%	35.71%	1.20%	3%
11	TOTAL CHARGES	\$1,368,811,124	\$1,258,138,462	(\$110,672,662)	-8%
12	TOTAL PAYMENTS	\$457,766,757	\$435,403,569	(\$22,363,188)	-5%
13	TOTAL PAYMENTS / TOTAL CHARGES	33.44%	34.61%	1.16%	3%
14	PATIENT DAYS	121,615	102,401	(19,214)	-16%
B.	<u>TOTALS - ALL GOVERNMENT PAYERS</u>				
1	INPATIENT CHARGES	\$699,176,132	\$619,463,910	(\$79,712,222)	-11%
2	INPATIENT PAYMENTS	\$206,525,919	\$185,635,166	(\$20,890,753)	-10%
3	GOVT. INPATIENT PAYMENTS / CHARGES	29.54%	29.97%	0.43%	1%
4	DISCHARGES	16,640	14,345	(2,295)	-14%
5	CASE MIX INDEX	1.47249	1.48177	0.00928	1%
6	CASE MIX ADJUSTED DISCHARGES	24,502.23906	21,255.98740	(3,246.25166)	-13%
7	OUTPATIENT CHARGES	\$267,300,149	\$266,541,875	(\$758,274)	0%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	38.23%	43.03%	4.80%	13%
9	OUTPATIENT PAYMENTS	\$75,236,887	\$70,591,323	(\$4,645,564)	-6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.15%	26.48%	-1.66%	-6%
11	TOTAL CHARGES	\$966,476,281	\$886,005,785	(\$80,470,496)	-8%
12	TOTAL PAYMENTS	\$281,762,806	\$256,226,489	(\$25,536,317)	-9%
13	TOTAL PAYMENTS / CHARGES	29.15%	28.92%	-0.23%	-1%
14	PATIENT DAYS	96,061	80,565	(15,496)	-16%
15	TOTAL GOVERNMENT DEDUCTIONS	\$684,713,475	\$629,779,296	(\$54,934,179)	-8%
C.	<u>AVERAGE LENGTH OF STAY</u>				
1	MEDICARE	5.9	5.9	(0.0)	-1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.1	4.1	(0.1)	-1%
3	UNINSURED	3.6	4.9	1.2	34%
4	MEDICAID	5.3	4.8	(0.4)	-8%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	6.0	2.6	(3.4)	-56%
7	TOTAL AVERAGE LENGTH OF STAY	5.3	5.2	(0.1)	-2%

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FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
III.	<u>DATA USED IN BASELINE UNDERPAYMENT CALCULATION</u>				
1	TOTAL CHARGES	\$1,368,811,124	\$1,258,138,462	(\$110,672,662)	-8%
2	TOTAL GOVERNMENT DEDUCTIONS	\$684,713,475	\$629,779,296	(\$54,934,179)	-8%
3	UNCOMPENSATED CARE	\$28,624,587	\$15,771,736	(\$12,852,851)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,951,063	\$167,790,328	(\$20,160,735)	-11%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,755,242	\$9,393,533	(\$361,709)	-4%
6	TOTAL ADJUSTMENTS	\$911,044,367	\$822,734,893	(\$88,309,474)	-10%
7	TOTAL ACCRUED PAYMENTS	\$457,766,757	\$435,403,569	(\$22,363,188)	-5%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$457,766,757	\$435,403,569	(\$22,363,188)	-5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3344265319	0.3460696753	0.0116431434	3%
11	COST OF UNCOMPENSATED CARE	\$9,572,821	\$5,458,120	(\$4,114,702)	-43%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$19,028,828	\$21,912,815	\$2,883,986	15%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$28,601,650	\$27,370,934	(\$1,230,715)	-4%
IV.	<u>CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</u>				
1	MEDICAID	\$19,263,700	\$24,584,970	\$5,321,270	28%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,578,571	\$1,228,196	(\$1,350,375)	-52%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,842,271	\$25,813,166	\$3,970,896	18%
V.	<u>DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</u>				
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,332,698	\$18,542,994	\$210,296	1.15%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$20,190,044	\$8,549,687	(\$11,640,357)	-57.65%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$477,956,801	\$443,953,258	(\$34,003,543)	-7.11%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,368,811,124	\$1,258,138,462	(\$110,672,662)	-8.09%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$28,624,587	\$15,771,736	(\$12,852,851)	-44.90%

HOSPITAL OF SAINT RAPHAEL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
A.	INPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$225,061,149	\$198,805,791	(\$26,255,358)
2	MEDICARE	\$577,575,465	515,362,097	(\$62,213,368)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$120,346,712	103,243,895	(\$17,102,817)
4	MEDICAID	\$120,346,712	103,243,895	(\$17,102,817)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,253,955	857,918	(\$396,037)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,818,662	3,958,361	\$139,699
	TOTAL INPATIENT GOVERNMENT CHARGES	\$699,176,132	\$619,463,910	(\$79,712,222)
	TOTAL INPATIENT CHARGES	\$924,237,281	\$818,269,701	(\$105,967,580)
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$177,273,694	\$173,326,886	(\$3,946,808)
2	MEDICARE	\$161,317,774	158,681,895	(\$2,635,879)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$105,210,148	107,162,249	\$1,952,101
4	MEDICAID	\$105,210,148	107,162,249	\$1,952,101
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$772,227	697,731	(\$74,496)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$16,410,177	16,749,506	\$339,329
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$267,300,149	\$266,541,875	(\$758,274)
	TOTAL OUTPATIENT CHARGES	\$444,573,843	\$439,868,761	(\$4,705,082)
C.	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$402,334,843	\$372,132,677	(\$30,202,166)
2	TOTAL MEDICARE	\$738,893,239	\$674,043,992	(\$64,849,247)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$225,556,860	\$210,406,144	(\$15,150,716)
4	TOTAL MEDICAID	\$225,556,860	\$210,406,144	(\$15,150,716)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$2,026,182	\$1,555,649	(\$470,533)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,228,839	\$20,707,867	\$479,028
	TOTAL GOVERNMENT CHARGES	\$966,476,281	\$886,005,785	(\$80,470,496)
	TOTAL CHARGES	\$1,368,811,124	\$1,258,138,462	(\$110,672,662)
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$97,784,714	\$92,669,294	(\$5,115,420)
2	MEDICARE	\$176,821,658	159,938,811	(\$16,882,847)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,303,581	25,440,275	(\$3,863,306)
4	MEDICAID	\$29,303,581	25,440,275	(\$3,863,306)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$400,680	256,080	(\$144,600)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$662,259	2,007,437	\$1,345,178
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$206,525,919	\$185,635,166	(\$20,890,753)
	TOTAL INPATIENT PAYMENTS	\$304,310,633	\$278,304,460	(\$26,006,173)
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$78,219,237	\$86,507,786	\$8,288,549
2	MEDICARE	\$47,985,300	44,906,285	(\$3,079,015)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$27,099,789	25,462,096	(\$1,637,693)
4	MEDICAID	\$27,099,789	25,462,096	(\$1,637,693)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$151,798	222,942	\$71,144
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,557,887	4,203,126	(\$354,761)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$75,236,887	\$70,591,323	(\$4,645,564)
	TOTAL OUTPATIENT PAYMENTS	\$153,456,124	\$157,099,109	\$3,642,985
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$176,003,951	\$179,177,080	\$3,173,129
2	TOTAL MEDICARE	\$224,806,958	\$204,845,096	(\$19,961,862)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$56,403,370	\$50,902,371	(\$5,500,999)
4	TOTAL MEDICAID	\$56,403,370	\$50,902,371	(\$5,500,999)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$552,478	\$479,022	(\$73,456)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,220,146	\$6,210,563	\$990,417
	TOTAL GOVERNMENT PAYMENTS	\$281,762,806	\$256,226,489	(\$25,536,317)
	TOTAL PAYMENTS	\$457,766,757	\$435,403,569	(\$22,363,188)

HOSPITAL OF SAINT RAPHAEL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
II.	<u>PAYER MIX</u>			
A.	<u>INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.44%	15.80%	-0.64%
2	MEDICARE	42.20%	40.96%	-1.23%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.79%	8.21%	-0.59%
4	MEDICAID	8.79%	8.21%	-0.59%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.09%	0.07%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.28%	0.31%	0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	51.08%	49.24%	-1.84%
	TOTAL INPATIENT PAYER MIX	67.52%	65.04%	-2.48%
B.	<u>OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.95%	13.78%	0.83%
2	MEDICARE	11.79%	12.61%	0.83%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.69%	8.52%	0.83%
4	MEDICAID	7.69%	8.52%	0.83%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.06%	0.06%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.20%	1.33%	0.13%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	19.53%	21.19%	1.66%
	TOTAL OUTPATIENT PAYER MIX	32.48%	34.96%	2.48%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C.	<u>INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.36%	21.28%	-0.08%
2	MEDICARE	38.63%	36.73%	-1.89%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.40%	5.84%	-0.56%
4	MEDICAID	6.40%	5.84%	-0.56%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.09%	0.06%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.14%	0.46%	0.32%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	45.12%	42.64%	-2.48%
	TOTAL INPATIENT PAYER MIX	66.48%	63.92%	-2.56%
D.	<u>OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.09%	19.87%	2.78%
2	MEDICARE	10.48%	10.31%	-0.17%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.92%	5.85%	-0.07%
4	MEDICAID	5.92%	5.85%	-0.07%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.03%	0.05%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.00%	0.97%	-0.03%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	16.44%	16.21%	-0.22%
	TOTAL OUTPATIENT PAYER MIX	33.52%	36.08%	2.56%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

HOSPITAL OF SAINT RAPHAEL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,161	5,331	(830)
2	MEDICARE	12,686	10,750	(1,936)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,916	3,554	(362)
4	MEDICAID	3,916	3,554	(362)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	38	41	3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	113	109	(4)
	TOTAL GOVERNMENT DISCHARGES	16,640	14,345	(2,295)
	TOTAL DISCHARGES	22,801	19,676	(3,125)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25,554	21,836	(3,718)
2	MEDICARE	75,250	63,250	(12,000)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,583	17,207	(3,376)
4	MEDICAID	20,583	17,207	(3,376)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	228	108	(120)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	412	531	119
	TOTAL GOVERNMENT PATIENT DAYS	96,061	80,565	(15,496)
	TOTAL PATIENT DAYS	121,615	102,401	(19,214)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.1	4.1	(0.1)
2	MEDICARE	5.9	5.9	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.3	4.8	(0.4)
4	MEDICAID	5.3	4.8	(0.4)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	6.0	2.6	(3.4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.6	4.9	1.2
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.8	5.6	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	5.3	5.2	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.44998	1.44240	(0.00758)
2	MEDICARE	1.59995	1.63390	0.03395
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.06264	1.02750	(0.03514)
4	MEDICAID	1.06264	1.02750	(0.03514)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.15724	0.97140	(0.18584)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.24162	1.19020	(0.05142)
	TOTAL GOVERNMENT CASE MIX INDEX	1.47249	1.48177	0.00928
	TOTAL CASE MIX INDEX	1.46641	1.47110	0.00470
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$384,002,145	\$353,589,706	(\$30,412,439)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$196,051,082	\$185,799,378	(\$10,251,704)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,951,063	\$167,790,328	(\$20,160,735)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.95%	47.45%	-1.49%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,332,698	\$18,542,994	\$210,296
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,755,242	\$9,393,533	(\$361,709)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$5,784,587	\$2,239,962	(\$3,544,625)
9	BAD DEBTS	\$22,840,000	\$13,531,774	(\$9,308,226)
10	TOTAL UNCOMPENSATED CARE	\$28,624,587	\$15,771,736	(\$12,852,851)
11	TOTAL OTHER OPERATING REVENUE	\$384,002,145	\$353,589,706	(\$30,412,439)
12	TOTAL OPERATING EXPENSES	\$498,321,475	\$465,549,726	(\$32,771,749)

HOSPITAL OF SAINT RAPHAEL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,933.32678	7,689.43440	(1,243.89238)
2	MEDICARE	20,296.96570	17,564.42500	(2,732.54070)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,161.29824	3,651.73500	(509.56324)
4	MEDICAID	4,161.29824	3,651.73500	(509.56324)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	43.97512	39.82740	(4.14772)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	140.30306	129.73180	(10.57126)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	24,502.23906	21,255.98740	(3,246.25166)
	TOTAL CASE MIX ADJUSTED DISCHARGES	33,435.56584	28,945.42180	(4,490.14404)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,852.82881	4,647.78025	-205.04856
2	MEDICARE	3,543.22059	3,309.96474	-233.25585
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,423.46652	3,688.88284	265.41632
4	MEDICAID	3,423.46652	3,688.88284	265.41632
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	23.40166	33.34464	9.94299
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	485.60203	461.22528	-24.37675
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,990.08877	7,032.19223	42.10346
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	11,842.91759	11,679.97248	-162.94510
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,946.06	\$12,051.51	\$1,105.45
2	MEDICARE	\$8,711.73	\$9,105.84	\$394.11
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,041.93	\$6,966.63	(\$75.31)
4	MEDICAID	\$7,041.93	\$6,966.63	(\$75.31)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$9,111.52	\$6,429.74	(\$2,681.77)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,720.20	\$15,473.75	\$10,753.54
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,428.86	\$8,733.31	\$304.45
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,101.41	\$9,614.80	\$513.40
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,118.28	\$18,612.71	\$2,494.43
2	MEDICARE	\$13,542.85	\$13,567.00	\$24.15
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,915.89	\$6,902.39	(\$1,013.50)
4	MEDICAID	\$7,915.89	\$6,902.39	(\$1,013.50)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$6,486.63	\$6,685.99	\$199.36
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,386.05	\$9,112.96	(\$273.10)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$10,763.37	\$10,038.31	(\$725.06)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$12,957.63	\$13,450.30	\$492.67

HOSPITAL OF SAINT RAPHAEL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$19,263,700	\$24,584,970	\$5,321,270
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,578,571	\$1,228,196	(\$1,350,375)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,842,271	\$25,813,166	\$3,970,896
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,368,811,124	\$1,258,138,462	(\$110,672,662)
2	TOTAL GOVERNMENT DEDUCTIONS	\$684,713,475	\$629,779,296	(\$54,934,179)
3	UNCOMPENSATED CARE	\$28,624,587	\$15,771,736	(\$12,852,851)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,951,063	\$167,790,328	(\$20,160,735)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,755,242	\$9,393,533	(\$361,709)
6	TOTAL ADJUSTMENTS	\$911,044,367	\$822,734,893	(\$88,309,474)
7	TOTAL ACCRUED PAYMENTS	\$457,766,757	\$435,403,569	(\$22,363,188)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$457,766,757	\$435,403,569	(\$22,363,188)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3344265319	0.3460696753	0.0116431434
11	COST OF UNCOMPENSATED CARE	\$9,572,821	\$5,458,120	(\$4,114,702)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$19,028,828	\$21,912,815	\$2,883,986
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$28,601,650	\$27,370,934	(\$1,230,715)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.45%	46.61%	3.16%
2	MEDICARE	30.61%	31.03%	0.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.35%	24.64%	0.29%
4	MEDICAID	24.35%	24.64%	0.29%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	31.95%	29.85%	-2.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	17.34%	50.71%	33.37%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	29.54%	29.97%	0.43%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	32.93%	34.01%	1.09%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.12%	49.91%	5.79%
2	MEDICARE	29.75%	28.30%	-1.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.76%	23.76%	-2.00%
4	MEDICAID	25.76%	23.76%	-2.00%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	19.66%	31.95%	12.30%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	27.77%	25.09%	-2.68%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.15%	26.48%	-1.66%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.52%	35.71%	1.20%

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$457,766,757	\$435,403,569	(\$22,363,188)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$457,766,757	\$435,403,569	(\$22,363,188)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$20,190,044	\$8,549,687	(\$11,640,357)
4	CALCULATED NET REVENUE	\$477,956,801	\$443,953,256	(\$34,003,545)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$477,956,801	\$443,953,258	(\$34,003,543)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$2)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,368,811,124	\$1,258,138,462	(\$110,672,662)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,368,811,124	\$1,258,138,462	(\$110,672,662)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,368,811,124	\$1,258,138,462	(\$110,672,662)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,624,587	\$15,771,736	(\$12,852,851)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,624,587	\$15,771,736	(\$12,852,851)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$28,624,587	\$15,771,736	(\$12,852,851)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

HOSPITAL OF SAINT RAPHAEL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
I.	ACCRUED CHARGES AND PAYMENTS	
A.	INPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$198,805,791
2	MEDICARE	515,362,097
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	103,243,895
4	MEDICAID	103,243,895
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	857,918
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,958,361
	TOTAL INPATIENT GOVERNMENT CHARGES	\$619,463,910
	TOTAL INPATIENT CHARGES	\$818,269,701
B.	OUTPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$173,326,886
2	MEDICARE	158,681,895
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	107,162,249
4	MEDICAID	107,162,249
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	697,731
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16,749,506
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$266,541,875
	TOTAL OUTPATIENT CHARGES	\$439,868,761
C.	TOTAL ACCRUED CHARGES	
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$372,132,677
2	TOTAL GOVERNMENT ACCRUED CHARGES	886,005,785
	TOTAL ACCRUED CHARGES	\$1,258,138,462
D.	INPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$92,669,294
2	MEDICARE	159,938,811
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,440,275
4	MEDICAID	25,440,275
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	256,080
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,007,437
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$185,635,166
	TOTAL INPATIENT PAYMENTS	\$278,304,460
E.	OUTPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$86,507,786
2	MEDICARE	44,906,285
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,462,096
4	MEDICAID	25,462,096
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	222,942
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,203,126
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$70,591,323
	TOTAL OUTPATIENT PAYMENTS	\$157,099,109
F.	TOTAL ACCRUED PAYMENTS	
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$179,177,080
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	256,226,489
	TOTAL ACCRUED PAYMENTS	\$435,403,569

HOSPITAL OF SAINT RAPHAEL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
A.	ACCRUED DISCHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,331
2	MEDICARE	10,750
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,554
4	MEDICAID	3,554
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	41
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	109
	TOTAL GOVERNMENT DISCHARGES	14,345
	TOTAL DISCHARGES	19,676
B.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.44240
2	MEDICARE	1.63390
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.02750
4	MEDICAID	1.02750
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.97140
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.19020
	TOTAL GOVERNMENT CASE MIX INDEX	1.48177
	TOTAL CASE MIX INDEX	1.47110
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$353,589,706
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$185,799,378
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$167,790,328
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.45%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,542,994
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,393,533
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$2,239,962
9	BAD DEBTS	\$13,531,774
10	TOTAL UNCOMPENSATED CARE	\$15,771,736
11	TOTAL OTHER OPERATING REVENUE	\$23,399,945
12	TOTAL OPERATING EXPENSES	\$465,549,726

HOSPITAL OF SAINT RAPHAEL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$435,403,569
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$435,403,569
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$8,549,687
	CALCULATED NET REVENUE	\$443,953,256
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$443,953,258
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$1,258,138,462
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,258,138,462
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,258,138,462
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$15,771,736
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$15,771,736
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$15,771,736
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
A.	<u>Hospital Charity Care (from HRS Report 500)</u>				
1	Number of Applicants	1,565	1,108	(457)	-29%
2	Number of Approved Applicants	1,565	1,108	(457)	-29%
3	Total Charges (A)	\$5,784,587	\$2,239,962	(\$3,544,625)	-61%
4	Average Charges	\$3,696	\$2,022	(\$1,675)	-45%
5	Ratio of Cost to Charges (RCC)	0.375696	0.357901	(0.017795)	-5%
6	Total Cost	\$2,173,246	\$801,685	(\$1,371,562)	-63%
7	Average Cost	\$1,389	\$724	(\$665)	-48%
8	Charity Care - Inpatient Charges	\$2,681,732	\$640,274	(\$2,041,458)	-76%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	2,319,364	1,143,817	(1,175,547)	-51%
10	Charity Care - Emergency Department Charges	783,491	455,871	(327,620)	-42%
11	Total Charges (A)	\$5,784,587	\$2,239,962	(\$3,544,625)	-61%
12	Charity Care - Number of Patient Days	476	88	(388)	-82%
13	Charity Care - Number of Discharges	79	22	(57)	-72%
14	Charity Care - Number of Outpatient ED Visits	436	242	(194)	-44%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,342	1,708	(634)	-27%
B.	<u>Hospital Bad Debts (from HRS Report 500)</u>				
1	Bad Debts - Inpatient Services	\$6,471,756	\$3,650,727	(\$2,821,029)	-44%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,906,346	3,008,968	(1,897,378)	-39%
3	Bad Debts - Emergency Department	11,461,898	6,872,079	(4,589,819)	-40%
4	Total Bad Debts (A)	\$22,840,000	\$13,531,774	(\$9,308,226)	-41%
C.	<u>Hospital Uncompensated Care (from HRS Report 500)</u>				
1	Charity Care (A)	\$5,784,587	\$2,239,962	(\$3,544,625)	-61%
2	Bad Debts (A)	22,840,000	13,531,774	(9,308,226)	-41%
3	Total Uncompensated Care (A)	\$28,624,587	\$15,771,736	(\$12,852,851)	-45%
4	Uncompensated Care - Inpatient Services	\$9,153,488	\$4,291,001	(\$4,862,487)	-53%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	7,225,710	4,152,785	(3,072,925)	-43%
6	Uncompensated Care - Emergency Department	12,245,389	7,327,950	(4,917,439)	-40%
7	Total Uncompensated Care (A)	\$28,624,587	\$15,771,736	(\$12,852,851)	-45%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,					
ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$384,002,145	\$353,589,706	(\$30,412,439)	-8%
2	Total Contractual Allowances	\$187,951,063	\$167,790,328	(\$20,160,735)	-11%
	Total Accrued Payments (A)	\$196,051,082	\$185,799,378	(\$10,251,704)	-5%
	Total Discount Percentage	48.95%	47.45%	-1.49%	-3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
A.	<u>Gross and Net Revenue</u>			
1	Inpatient Gross Revenue	\$877,589,185	\$924,237,281	\$818,269,701
2	Outpatient Gross Revenue	\$410,280,996	\$444,573,843	\$439,868,761
3	Total Gross Patient Revenue	\$1,287,870,181	\$1,368,811,124	\$1,258,138,462
4	Net Patient Revenue	\$468,749,267	\$477,956,801	\$443,953,258
B.	<u>Total Operating Expenses</u>			
1	Total Operating Expense	\$491,472,461	\$498,321,475	\$465,549,726
C.	<u>Utilization Statistics</u>			
1	Patient Days	124,273	121,615	102,401
2	Discharges	23,924	22,801	19,676
3	Average Length of Stay	5.2	5.3	5.2
4	Equivalent (Adjusted) Patient Days (EPD)	182,372	180,114	157,448
0	Equivalent (Adjusted) Discharges (ED)	35,109	33,769	30,253
D.	<u>Case Mix Statistics</u>			
1	Case Mix Index	1.43470	1.46641	1.47110
2	Case Mix Adjusted Patient Days (CMAPD)	178,294	178,337	150,642
3	Case Mix Adjusted Discharges (CMAD)	34,324	33,436	28,945
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	261,648	264,120	231,622
5	Case Mix Adjusted Equivalent Discharges (CMAED)	50,370	49,519	44,505
E.	<u>Gross Revenue Per Statistic</u>			
1	Total Gross Revenue per Patient Day	\$10,363	\$11,255	\$12,286
2	Total Gross Revenue per Discharge	\$53,832	\$60,033	\$63,943
3	Total Gross Revenue per EPD	\$7,062	\$7,600	\$7,991
4	Total Gross Revenue per ED	\$36,682	\$40,535	\$41,587
5	Total Gross Revenue per CMAEPD	\$4,922	\$5,183	\$5,432
6	Total Gross Revenue per CMAED	\$25,568	\$27,642	\$28,269
7	Inpatient Gross Revenue per EPD	\$4,812	\$5,131	\$5,197
8	Inpatient Gross Revenue per ED	\$24,996	\$27,370	\$27,048

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$3,772	\$3,930	\$4,335
2	Net Patient Revenue per Discharge	\$19,593	\$20,962	\$22,563
3	Net Patient Revenue per EPD	\$2,570	\$2,654	\$2,820
4	Net Patient Revenue per ED	\$13,351	\$14,154	\$14,675
5	Net Patient Revenue per CMAEPD	\$1,792	\$1,810	\$1,917
6	Net Patient Revenue per CMAED	\$9,306	\$9,652	\$9,975
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$3,955	\$4,098	\$4,546
2	Total Operating Expense per Discharge	\$20,543	\$21,855	\$23,661
3	Total Operating Expense per EPD	\$2,695	\$2,767	\$2,957
4	Total Operating Expense per ED	\$13,999	\$14,757	\$15,389
5	Total Operating Expense per CMAEPD	\$1,878	\$1,887	\$2,010
6	Total Operating Expense per CMAED	\$9,757	\$10,063	\$10,461
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$79,362,108	\$80,449,741	\$72,659,765
2	Nursing Fringe Benefits Expense	\$19,868,052	\$19,560,604	\$19,888,553
3	Total Nursing Salary and Fringe Benefits Expense	\$99,230,160	\$100,010,345	\$92,548,318
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$42,366,674	\$43,539,278	\$39,863,297
2	Physician Fringe Benefits Expense	\$10,606,363	\$10,586,169	\$10,909,683
3	Total Physician Salary and Fringe Benefits Expense	\$52,973,037	\$54,125,447	\$50,772,980
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$104,026,175	\$108,672,668	\$103,872,338
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$26,042,623	\$26,422,747	\$28,429,140
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$130,068,798	\$135,095,415	\$132,301,478
K.	<u>Total Salary and Fringe Benefits Expense</u>			
1	Total Salary Expense	\$225,754,957	\$232,661,687	\$216,395,400
2	Total Fringe Benefits Expense	\$56,517,038	\$56,569,520	\$59,227,376
3	Total Salary and Fringe Benefits Expense	\$282,271,995	\$289,231,207	\$275,622,776

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	915.6	917.4	864.7
2	Total Physician FTEs	299.8	289.0	288.9
3	Total Non-Nursing, Non-Physician FTEs	1890.7	1921.8	1888.9
4	Total Full Time Equivalent Employees (FTEs)	3,106.1	3,128.2	3,042.5
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$86,678	\$87,693	\$84,029
2	Nursing Fringe Benefits Expense per FTE	\$21,699	\$21,322	\$23,001
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$108,377	\$109,015	\$107,029
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$141,316	\$150,655	\$137,983
2	Physician Fringe Benefits Expense per FTE	\$35,378	\$36,630	\$37,763
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$176,695	\$187,285	\$175,746
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,020	\$56,547	\$54,991
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,774	\$13,749	\$15,051
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$68,794	\$70,296	\$70,042
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$72,681	\$74,376	\$71,124
2	Total Fringe Benefits Expense per FTE	\$18,195	\$18,084	\$19,467
3	Total Salary and Fringe Benefits Expense per FTE	\$90,877	\$92,459	\$90,591
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,271	\$2,378	\$2,692
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,799	\$12,685	\$14,008
3	Total Salary and Fringe Benefits Expense per EPD	\$1,548	\$1,606	\$1,751
4	Total Salary and Fringe Benefits Expense per ED	\$8,040	\$8,565	\$9,111
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,079	\$1,095	\$1,190
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,604	\$5,841	\$6,193